

Obtaining A Patient History

Topics to Discuss

- The Value of History Taking
- Establishing the Patient Relationship
- Elements of the Comprehensive History
- Focusing the History
- Special Challenges

The Value of History Taking

- Directs the focus of the Physical Exam
- Often the basis for the differential diagnosis
- Keys
 - Trust
 - Right Questions
 - Interpreting the responses
 - Knowing what to do next

Care begins simultaneously

First Impressions

- Positive Impression
 - Appearance
 - Confidence
 - Demeanor
 - Body Language

Establishing the Patient Relationship

- Polite Introductions
 - Invited guest or unwanted pest?
 - Be respectful of person, space, property & family
 - Locate the patient(s)
 - Introduce yourself - Handshake
 - Determine patient's desired name
 - Avoid disrespectful terms & voice tone
 - Consider age & culture

Establishing the Patient Relationship

- Location & Position
 - Quiet & Private location, if possible
 - Can the patient be made more comfortable?
 - Eye contact & Position at eye level
 - Appropriate distance & position
 - Safety
 - Respect
 - Personal Zone

Elements of the Comprehensive History

- **Prearriival & Caller Info**
- **First Impression & the Environment**
- **Identifying Data**
- **Chief Complaint(s)**
- **History of the Present Illness**
- **Current Health Status & Medical Care**
- **Significant Past History**
- **Family History**
- **Systems Review**

Elements of the Comprehensive History

- Prearrival & Caller Info
 - Dispatch info
 - Info from the caller (not patient) on arrival
 - What is the “reported” chief complaint(s)?

Elements of the Comprehensive History

- First Impression & the Environment
 - Clues regarding History
 - The Big Picture
 - What is the setting?
 - What is the Patient's General Appearance?
 - Are there medications or therapies present or in-use?
 - Are medical documents or files available?

Elements of the Comprehensive History

- Identifying Data
 - Name
 - Age & DOB
 - Sex
 - Race
 - Physician's Name

Elements of the Comprehensive History

- The Chief Complaint
 - The single most critical concern to the patient
 - “What seems to be the problem today?”
 - “What can I help you with today?”
 - Which system (origin) do you believe to be affected by this CC?
 - Do you clearly understand the patient’s complaint or complaints?

Elements of the Comprehensive History

- The Chief Complaints
 - Multiple Complaints
 - “If I could make one thing better for you, which would you want it to be?”
 - Are the multiple complaints likely to be related?
 - Will you need to address multiple issues?
 - Could some of these be chronic issues?

Elements of the Comprehensive History

- Tips for effective history-taking
 - Open-ended questions
 - “What seems to be bothering you today?”
 - Closed-ended questions
 - “Is your chest pain sharp or dull?”
 - Multiple Choice Questions

Elements of the Comprehensive History

- Tips for effective history-taking
 - LISTEN ACTIVELY!!!
 - ACT as if you are listening
 - Repeat patient's statements
 - Clarify if needed
 - Take notes
 - Display your concern
 - Confront with caution

Elements of the Comprehensive History

- History of the Present Illness
 - Explore the CC in more detail
 - Explore other complaints
 - Are they associated?
 - Do they involve completely different body systems?
 - OPQRST - ASPN
 - This is a GUIDE!
 - Modify for complaints other than pain

Elements of the Comprehensive History

- Current Health Status & Medical Care
 - Current Medical Therapies & Medications
 - Regular Physician Following
 - Allergies
 - Home Situation, Daily Life & Family Life
- (continued)

Elements of the Comprehensive History

- Current Health Status & Medical Care (continued)
 - Recent changes to Sleep & Diet
 - Tobacco, Alcohol & Substance Abuse
 - Type of Occupation
 - Immunizations

Elements of the Comprehensive History

- CAGE Questionnaire
 - Felt the need to **Cut-Down** drinking
 - Felt **Annoyed** by criticism re. drinking
 - **Guilty** feels about drinking
 - Eve drank first thing in the a.m. as **Eye-opener**

Elements of the Comprehensive History

- Significant Past History
 - General State of Health per patient
 - Significant adult or childhood illnesses or injuries
 - Psychiatric illnesses
 - Past hospitalizations, surgeries or long-term treatments

Elements of the Comprehensive History

- Family History
 - Relative Risk Factors
 - Diabetes, HTN, or Renal Disease
 - Heart Disease, early AMI, early SCD or Stroke
 - Asthma or Allergies
 - Cardiac dysrhythmias
 - Cancer
 - Osteoporosis
 - Mental Illness

Elements of the Comprehensive History

- **Systems Review (focused by CC)**

- Generalized symptoms
- Skin
- HEENT
- Respiratory
- Cardiovascular
 - Central
 - Peripheral
- Gastrointestinal

- **Systems Review (focused by CC)**

- Urinary
- Genitalia
- Musculoskeletal
- Neurologic
- Hematologic
- Endocrine
- Psychiatric

Focusing the History

- Act on the Chief Complaint
 - Direct immediate care as appropriate
 - History taking may need to be temporarily halted
 - Interpret the feedback and Act
 - What do I think of these responses?
 - Do they make sense?
 - Am I missing something?
 - Do I need clarification?

Focusing the History

- Consider an Unsolved Mystery
 - Focus on the body system associated with the CC
 - Use knowledge of A&P and Pathophysiology
 - Why is this patient experiencing these signs/symptoms?
 - Create a picture of what occurred today to this patient
 - Create a differential diagnosis, then work towards exclusions/inclusions

Special Challenges

- Sensitive Topics
 - The Right Location
 - Does anyone present make the patient feel uncomfortable?
 - Gaining Trust
 - Choosing Appropriate Words
 - Understand the patient's feelings related to the sensitive nature
 - Be Professional

Special Challenges

- The Silent Patient
 - Short periods of silence may be normal
 - Allow time to collect thoughts
 - Provide reassurance & encouragement
 - Consider:
 - You have frightened the patient
 - You are dominating the discussion
 - You have offended the patient
 - There is a physical or mental disorder

Special Challenges

- The Overly-Talkative Patient
 - Allow patient to speak
 - If necessary, politely interrupt and focus the discussion
 - Focus on most critical issue
 - Ask specific, closed-ended questions
 - Summarize the patient's story and move on
 - Don't display your impatience

Special Challenges

- The Anxious or Frightened Patient
 - Look for signs of anxiety or fear
 - Try to alleviate concerns & develop trust
 - No false reassurance
 - Ø “Everything is going to be fine”
 - Identify the source of anxiety/fear
 - Understand the patient’s feelings
 - Ø “I don’t know why you are so anxious”

Special Challenges

- The Angry or Hostile Patient
 - Common feelings with stress or fear
 - Understand the source of these feelings
 - Respond in a professional & caring manner
 - Personal Safety is a primary concern!!!
 - Distance
 - Assistance
 - Firm but caring verbal & body language

Special Challenges

- The Intoxicated Patient
 - Irrational
 - Altered sense of right & wrong
 - May become violent
 - If patient is shouting,
 - increased potential for violent behavior
 - listen
 - don't respond back with shouting
 - have assistance for safety

Special Challenges

- The Depressed or Suicidal Patient
 - Know the warning signs
 - Explore the specific feelings of the patient
 - Be direct and specific
 - Question regarding thoughts of suicide or personal harm
 - Talk openly and specifically about suicide plans

Special Challenges

- The Patient with Confusing Behavior or History
 - The entire history does not add up
 - Assess mental status
 - Consider possible dementia or delirium
 - Identify cause if possible
 - Consider specific causes based upon behavior
 - Confabulation
 - Multiple personalities

Special Challenges

- The Patient with a Language Barrier
 - Extremely difficult to assess
 - Enlist friends or family to act as an interpreter
 - Use pre-established questions in the patient's language
 - Language Lines

Special Challenges

- Intelligence & Literacy
 - Does the patient really understand your questioning?
 - History may be inaccurate
 - Enlist friends or family
 - Can the patient actually read?
 - Read statements aloud to the patient

Special Challenges

- The Patient with Sensory Deficits
 - Hearing Impaired
 - Does the patient read lips?
 - Face patient, close to good ear
 - Talk slowly and distinctly
 - Sign language?
 - Will a hearing aid help? Where is it?
 - Blindness
 - Voice and touch are critical
 - Establish relationship & trust early on

Common Pitfalls

- *Choosing to ask lots of questions to obtain a history WITHOUT also directing initial care or performing a physical exam*
- **Patient's Impression**
 - Not doing anything for me
 - Why are we wasting our time here?
 - Stop asking all these silly questions

Common Pitfalls

- *Using a tone of voice that sends the wrong message*
 - “What is your ‘Problem’ **TODAY** Mrs. Jones?”
 - “Why did you call 911?”
- **Patient’s Impression**
 - He thinks I call EMS for every little problem
 - I must have called 911 and was not supposed to.
 - I think I am bothering these nice people

Common Pitfalls

- *Lack of respect for cultural, religious or ethnic differences*
 - “Why do you people use these home herbal remedies?”
 - “You have enough kids. You should consider birth control”
- **Patient’s Impression**
 - This person thinks I am a fool
 - She laughs at the traditions of my culture
 - He does not respect my personal decisions

Common Pitfalls

- *Poor choice of words or using technical terms*
 - *How many years has your husband been taking these **ACE-inhibitors**?*
 - *Your wife is experiencing congestive **heart failure***
- **Patient's Impression**
 - What the heck is he talking about?
 - My wife's heart is failing?!?! Has her heart stopped yet?
 - Son, could you speak English?

Summary

- Obtaining the history guides the physical exam
- History-taking is accomplished along with the physical exam and therapies
- For emergent patients, the history-taking is delayed or never actually obtained in the prehospital setting